

# Alexander House Care Home Care Home Service

Main Street  
Crossgates  
Cowdenbeath  
KY4 8DF

Telephone: 01383 518 080

**Type of inspection:**  
Unannounced

**Completed on:**  
17 August 2023

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2023000159

## About the service

Alexander House is a care home for older people situated in the residential area of Crossgates, Fife, close to local transport links, shops and community services. The service provides nursing and social care for up to 44 people. The home has a pleasant garden area and accommodation is provided over three floors. All rooms have ensuite toilets and shower facilities and four rooms can accommodate couples. Each floor has an open plan lounge/dining room and a passenger lift.

Alexander House Care Home was re-registered with the Care Inspectorate on 05 June 2023 to provide 24 hour care and support for up to 50 people. The service is provided by Holmes Care Group Scotland Ltd.

## About the inspection

This was an unannounced inspection which took place on 15 and 17 August 2023. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 members of staff and management
- spoke with 8 residents and 3 of their relatives
- spoke with a visiting health and social care professional
- reviewed training records
- reviewed medication administration/audit systems
- reviewed support plans
- observed staff practice
- reviewed documents.

## Key messages

- The service had gone through a period of managerial instability and the new management team gave their assurance the necessary improvements would be made.
- We saw some very kind interactions between staff and the people they care for and support.
- People's care plans did not always reflect their needs, wishes or choices.
- Staff learning, development and support required improvement.
- People needed to be supported more to spend their days in ways that were meaningful to them.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

|  |              |
|--|--------------|
| How well do we support people's wellbeing? | 3 - Adequate |
| How good is our leadership?                | 3 - Adequate |
| How good is our staff team?                | 3 - Adequate |
| How good is our setting?                   | 4 - Good     |
| How well is our care and support planned?  | 3 - Adequate |

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We saw some examples of warm and compassionate relationships which evidenced values of respect and person-centred approaches. Staff knew people well and supported them in ways that respected their likes and choices. This included supporting people to express their individuality through dress and grooming. This supported people to maintain their sense of identity and self-esteem.

People told us the use of agency care staff had reduced significantly. People were able to build warm and trusting relationships with the staff supporting them. This improved people's outcomes and experiences. One person told us "I like it here; they are very kind and respectful. I get choice, and I do what I want". Another person said, "I've nothing to compare, but it's as good as it gets".

Relatives we spoke with told us communication had improved and they were kept up to date with their loved one's health and wellbeing.

People should be supported to get the most out of life, with opportunities to do things that matter to them. We saw the service had a program of activities on offer, facilitated predominantly by a dedicated activities coordinator. Residents we spoke with commented on how they had enjoyed a recent bus trip and the bingo group. Steps had also been taken to build activities packs for regular care staff to use, outwith planned events. This supports people being engaged and active. We were pleased to see the service was prioritising the recruitment of a further activities coordinator and recognised that their current staffing arrangements did not support people having regular access to meaningful opportunities for engagement. The service should also take further steps to ensure that the program of activities on offer promotes people's identity and wellbeing. A previous area for improvement relating to meaningful activity is not met and remains outstanding. Please see the 'what has the service done to meet previous area for improvement' - area for improvement (2) section of this report.

Good links were established with Fife Health and Social Care Partnership's care home liaison nursing team, and other healthcare professionals. Regular guidance and support was sought to ensure people's health, safety, and wellbeing. However, we found that when important referrals had been made, they were not always followed up. It was clear the quality assurance processes in place were not effective in identifying and preventing this. A previous requirement relating to quality assurance is not met and remains outstanding. Please see the 'what has the service done to meet previous requirements' - requirement (5) section of this report.

We checked the medication administration and recording systems and found these to be in order. This meant people could be confident they were getting the right medication for them, at the right time.

We found good standards of infection prevention and control. Clear schedules were in place to support regular cleaning of residents' rooms and communal areas. Regular audits were being carried out to ensure good standards were maintained. This meant the risk of infection was reduced and contributed to keeping people safe.

We found inappropriate use of safety gates in people's rooms throughout the service. This impacts on people's right to feel safe in their rooms, as well as impacting their right to be free from restraint.

This was addressed during the inspection; however, it demonstrated a lack of knowledge or understanding of Adults with Incapacity legislation. We signposted the management to the Mental Welfare Commission guidance 'Rights, Risks and Limits to Freedom' for reference. A requirement (1) is made.

The manager told us she is developing an improvement plan and intends to involve the people living in the home, their representatives and staff. This is important as it means people will have a say on how the service can improve in ways that matter to them.

## Requirements

1. By 17 November 2023, the provider must protect the health, wellbeing and rights of people using the service. In order to achieve this, the provider must ensure people are not subject to restraint or restrictive practices unless:

- a) people's health and safety cannot be protected by any other means and restraint or restrictive practice is used as a last resort
- b) consent to use restraint or restrictive practices is given by welfare guardians or attorneys with appropriate legal powers
- c) a multi-disciplinary team approach determines when restraint and restrictive practice can be used
- d) restraint reduction plans are developed with progress reviewed regularly
- e) the need for and use of restraint and restrictive practice is reviewed on a regular basis
- f) Mental Welfare Commission good practice guidance 'Rights, Risks and Limits to Freedom' is available to staff and fully complied with.

This is in order to comply with Regulations 3, 4(1)(a)(c), 15(b) of The Social Care and Social Work(Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3)

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The recently appointed manager had a very active presence in the service. Staff told us that the manager was supportive and approachable. Staff were comfortable speaking to management and felt that they were able to share thoughts and suggest ideas. This was generally done informally through the manager's frequent presence within the home.

People should benefit from a culture of continuous improvement with robust quality assurance processes, ensuring people experience good outcomes. Managerial oversight of the service had been unstable in the previous months. Key areas of risk, including incidents and accidents, and in particular falls, were not analysed to identify trends or patterns. Post falls monitoring tools were often incomplete or missing and where risks were identified, appropriate action was not always taken to mitigate the risk. This meant people could be at higher risk of falling again.

A previous requirement relating to falls management is not met and remains outstanding. Please see the 'what has the service done to meet previous requirements' - requirement (1) section of this report.

The lack of effective quality assurance systems meant we found increased risks to people, including nutrition, hydration, falls and pain management. Referrals to relevant health professionals were not always followed up and this also put people's health, safety and wellbeing at risk. The provider must ensure quality assurance processes drive improvement and improve people's outcomes and experiences. A previous requirement relating to quality and assurance is not met and remains outstanding. Please see the 'what has the service done to meet previous requirements' - requirement (5) section of this report.

As described in key question 3, although training was taking place, there was little in the way of evaluating staff's understanding or ensuring that they were putting what they had learned into practice. A requirement (1) is made.

People should be able to choose how and when they spend their money, with robust systems in place to keep their money safe. There was a lack of regular financial audits of people's monies kept on the premises. This meant if an error occurred, it would be hard to ascertain how and when it happened. This was addressed during the inspection and we discussed with the manager the importance of being more vigilant in this area.

People should feel confident in raising concerns in the knowledge that robust complaints policies and procedures are in place and effective. We found that although there was evidence of action having been taken on a recent complaint, the records were poor and not in accordance with the service's complaint policy. A previous area for improvement relating to complaints handling is not met and remains outstanding. Please see the 'what has the service done to meet previous areas for improvement' - area for improvement (4) section of this report.

The new management team acknowledged that improvements were needed, and gave their assurance that these were being addressed. We have extended the timescale for the outstanding requirements, to enable them to make the necessary improvements.

## Requirements

1. By 17 November 2023, in order that people experience good outcomes, the provider must ensure staff have the knowledge, skills and understanding to meet the needs of people using the service. Priority must be given to: restraint and restrictive practice, stress and distress, dementia, pain management and epilepsy. In order to achieve this, the provider must:

- a) carry out staff training needs analysis on regular basis
- b) ensure the content of training is person-centred to the needs of people using the service
- c) develop and implement systems to ensure learning is transferred into practice
- d) ensure staff's knowledge, skills and understanding remains current and meets best practice standards.

This is in order to comply with Regulation 15 (b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.'(HSCS 3.14)

### How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We identified strengths in staff's skills, knowledge and competence which had a positive impact on people's outcomes and experiences. However, key areas needed to improve.

Staff had an individual login to the provider's online training platform. Staff completed online courses and an assessment at the end of each course determined their understanding. Staff were paid to complete courses whether at home or in work. Mandatory courses including moving and assisting, fire safety and health and safety, had to be completed before staff could move on to complete the remaining courses.

The online training system was now being overseen by administration staff. The system did not currently provide reports about individual staff's training compliance. This meant there was not effective information or oversight of staff learning and development. However, administration staff were gathering information and developing systems to enable oversight of completion and identify where staff required additional support.

Face-to face training was provided by the provider's learning and development team and professionals from Fife Health and Social Care Partnership. There was no plan in place, but it was apparent that training was delivered to address key gaps in staff's knowledge, skills and abilities including nutrition and hydration, falls prevention and management and supporting people experiencing stress and distress. Training was targeted to senior carers and nursing staff in the first instance. This meant only a limited number of staff had completed the training. However, the provider was aware of the need to ensure all staff completed the required training without delay to ensure people's health, safety, and welfare.

Staff had access to a wide range of learning and development opportunities in a variety of formats, including online and face-to-face training. The provider developed a training needs analysis for each role within their care homes. This informed the training staff undertook. However, the corporate training plan did not address the specific, additional needs of people using the service. This meant, for example, where people using the service experienced seizures, staff had not undertaken appropriate training. This put people's health, safety, and wellbeing at risk.

The provider's learning and development team developed workbooks to supplement the face-to-face training. Workbooks provided opportunities for staff to reflect on their practice and evidence their knowledge and understanding. Despite the small number of completed workbooks, we found some of the workbooks we sampled demonstrated staff's insight into the impact of their practice and knowledge on people's outcomes and experiences. However, other workbooks highlighted that staff may need additional support and guidance. We could not find evidence that completed workbooks were assessed. The provider must ensure workbooks are evaluated to ensure staff have the knowledge, skills, and abilities they require to meet people's care and support needs.

In conclusion, our findings highlighted a lack of staff's skills and understanding in numerous areas; and, although training was taking place, there was little in the way of evaluating staff's understanding or ensuring that they were putting what they had learned into practice. We are making a new requirement relating to staff training and the evaluation of staff's skill and competencies, in the key question 2 section of this report.

## How good is our setting?

### 4 - Good

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should expect the environment to be clean, well maintained and accessible. The service has been purpose built and provides accessible communal and private areas with lift access. Each bedroom has an ensuite bathroom allowing people convenient, private access. The service was clean and tidy during this inspection.

People could move freely throughout the home. The environment was clear and uncluttered, and people were not limited in their access to private and communal areas. Each floor offered a separate dining, lounge area, which were calm and well lit. Seating in communal areas was nicely arranged to promote smaller groups. Signage around the service was clear and supported wayfinding. This helped people move around independently and offered safe spaces to socialise.

People should have access to a safe and secure outdoor space. The secure space available for residents to access needed urgent repair. This reduced people's right to autonomy and choice about how they spend their time. An area for improvement (1) is made.

We found the service had an active environmental action plan in place. We found most of the identified areas for action had been completed, with any outstanding actions aiming to be completed within the near future. The service had a dedicated maintenance team in place and evidenced a robust system for upkeep and repair.

Our inspection found furnishings, mattresses and equipment were clean and safe. Appropriate audits and quality assurances were in place to promote good standards of cleanliness.

## Areas for improvement

1. To ensure people get the most out of life, the provider should ensure that the available outside space is safe and secure. This would provide opportunities that could have a positive impact on people's sense of wellbeing and belonging.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)



**How well is our care and support planned?****3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

To make sure that people receive the right care and support, they require an assessment of their needs to take place. People's individual needs and preferences need to be central to deliver positive outcomes for people. Although, we saw some good examples of personalised care planning, this was not consistent.

Care plans did not contain the information and guidance staff required to provide safe, consistent and effective care and support for people. Whilst care plans were regularly reviewed, there was no evidence of analysis or evaluation of the effectiveness of the care plan. We could not be confident that care plans reflected people's current needs. The provider must ensure people's needs are assessed and reviewed on a regular basis by trained, competent staff. The methods used to assess and review people's needs must evidence how conclusions and outcomes are reached.

We were not assured that risks to people's health, safety, and wellbeing were identified or mitigated. Care plans were not developed to ensure people received safe and consistent bowel care. People were at risk of constipation but a lack of appropriate oversight of records put them at risk of harm.

In some instances, where people required to have their food and fluid intake monitored, there was a lack of oversight of eating and drinking monitoring charts. Therefore, there was sometimes a lack of effective evaluation. There was little evidence of action being taken when intake targets were missed. This meant opportunities could be missed to promote health and wellbeing. A previous requirement relating to fluid and nutrition is not met and remains outstanding. Please see the 'what has the service done to meet previous requirements' - requirement (2) section of this report.

Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney and who the home should be consulting with regarding the care of the person. However, some of these were not signed by either the person receiving care or an advocate on their behalf.

A previous area for improvement relating to personal care documentation and records is not met and remains outstanding. Please see the 'what has the service done to meet previous area for improvement' - area for improvement (1) section of this report.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

To reduce the risks of falls for people living in the care home, the provider must use current good practice guidance to develop effective falls prevention strategies. To achieve this;

- a) ensure that risk assessment information is being used to inform personalised and meaningful falls prevention care plans. These should be regularly reviewed and updated, to reflect changes in individual circumstances, presentations, and care needs.
- b) be able to demonstrate adequate monitoring and supervision when people are identified as at risk in the environment
- c) be able to show evidence of regular ongoing monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities in relation to falls and can demonstrate this through their practice.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS4.11)

**This requirement was made on 29 May 2023.**

#### Action taken on previous requirement

This requirement was made as a result of an upheld complaint investigation. It was made because a service user did not receive safe and effective falls prevention and management, impacting on their comfort, safety and wellbeing.

During this inspection we found that risk assessments were in place and falls were being recorded. However, in some instance, no specific care plans or protocols were in place to prevent or manage this. There was a lack of evidence of post-falls management, for example observation and monitoring. This results in a lack of effective evaluation and plan of action to prevent recurrence. The manager was relatively new in post and gave her assurance that the necessary improvements would be made.

An extension to the timescale has been agreed to 17 November 2023. The wording in the references has been amended from the original requirement in accordance with current report writing guidance.

**Not met**

## Requirement 2

To ensure positive outcomes for people who use this service, the provider must be able to demonstrate that fluid and nutritional needs of people who use the service are regularly assessed and adequately met. In order to achieve this, the provider must:

- a) demonstrate that all staff have a clear understanding of the appropriate management of food and fluid intake
- b) ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided
- c) ensure that records for recording the intake of fluids gives a target amount to be taken over 24 hours
- d) ensure that any food and fluid intake charts are accurately maintained
- e) ensure that the evaluation of food and fluid charts informs any changes to the care plan.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19)

**This requirement was made on 29 May 2023.**

### Action taken on previous requirement

This requirement was made as a result of an upheld complaint investigation. It was made because a service user did not experience adequate care and support to meet their nutrition/hydration needs.

During this inspection we found that although people's personal plans had been updated and improved, some still had insufficient information to guide staff. For example, in some instances, where people required to have their food and fluid intake monitored, there was a lack of oversight of eating and drinking monitoring charts. Therefore, there was sometimes a lack of effective evaluation. There was little evidence of action being taken when intake targets were missed. This meant opportunities could be missed to promote health and wellbeing. The manager was relatively new in post and gave her assurance that the necessary improvements would be made.

An extension to the timescale has been agreed to 17 November 2023. The wording in the references has been amended from the original requirement in accordance with current report writing guidance.

**Not met**

## Requirement 3

To ensure positive outcomes for people who use this service, the provider must be able to demonstrate that suitably qualified and competent persons are working in the care service in such numbers as are appropriate to meet the health, welfare and safety of people who use this service.

To be completed by: 07 August 2023.

This is to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people.' (HSCS 3.15)

**This requirement was made on 29 May 2023.**

### Action taken on previous requirement

This requirement was made as a result of an upheld complaint investigation. It was made because staff did not always demonstrate that they had the necessary skills and experience to keep a service user safe and well.

During this inspection we saw that there were enough staff on duty to potentially meet people's needs. However, our findings highlighted a lack of staff's skills and understanding in numerous areas. Although training was taking place, there was little in the way of evaluating staff's understanding or ensuring that they were putting what they had learned into practice. We are making a new requirement under key question 2 'how good is our leadership' to address the outstanding element of this requirement, relating to training.

**Met - within timescales**

## Requirement 4

The provider must ensure that people are experiencing care in an environment that is safe, clean, and minimises the potential risk of infection. To do this the service must:

- a) undertake a full assessment of the environment, and identify areas for repair and upkeep
- b) ensure that the internal premises, furnishings, mattresses and equipment are clean and safe
- c) ensure robust quality assurance checks of the care home environment are in place, and appropriate remedial actions taken.

This is in order to comply with Regulation 10(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure the care and support is consistent with Health and Social Care Standard 5.22: I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.

**This requirement was made on 30 May 2023.**

### Action taken on previous requirement

This requirement was made as a result of an upheld complaint investigation. It was made because we were concerned that several areas required upkeep and maintenance, in order to ensure the health, welfare and safety of service users.

During this inspection we saw the service had an active environmental action plan in place. We found most of the identified areas for action had been completed, with any outstanding actions aiming to be completed within the near future. The service had a dedicated maintenance team in place and evidenced a robust system for upkeep and repair.

Our inspection found furnishings, mattresses and equipment were clean and safe. Appropriate audits and quality assurances were in place to promote good standards of cleanliness.

### Met - within timescales

#### Requirement 5

The provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing needs of people receiving care are met, and they experience positive outcomes. To do this the provider must, at a minimum:

- a) ensure appropriate and effective leadership of the service
- b) implement accurate and up-to-date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay
- c) ensure that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes.

This is to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

**This requirement was made on 5 June 2023.**

#### Action taken on previous requirement

This requirement was made as a condition of the re-registration process. It was made as a result of the intelligence we held about the improvements required in this area.

As a result of our findings during this inspection, it was evident that the quality assurance processes in place were not effective enough to highlight areas for improvement and improve standards. The manager was relatively new in post and she, and the operations manager, gave their assurance that the necessary improvements would be made.

An extension to the timescale has been agreed to 17 November 2023. The wording in the references has been amended from the original requirement in accordance with current report writing guidance.

### Not met

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To ensure positive outcomes for people who use this service the provider should;

- a) be able to demonstrate that personal care documentation and records are accurate, sufficiently detailed and reflect the care/support planned and provided
- b) be able to show evidence of regular ongoing monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities to meet people's personal care needs and can demonstrate this through their practice.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

**This area for improvement was made on 29 May 2023.**

#### Action taken since then

This area for improvement was made as a result of an upheld complaint investigation. It was made because we found insufficient information in a service user's personal plan to guide staff on how to best meet their needs.

During this inspection we found that although people's personal plans had been updated and improved, some still had insufficient information to guide staff. For example, in some instances, where people were at risk of falling, or becoming constipated, no specific care plans or protocols were in place to prevent or manage this.

We saw a lack of oversight of monitoring charts such as eating and drinking, therefore there was sometimes a lack of effective evaluation. This meant opportunities could be missed to promote health and wellbeing. The manager was relatively new in post and gave her assurance that the necessary improvements would be made.

**This area for improvement has not been met and remains in place.**

The wording in the reference has been amended from the original area for improvement in accordance with current report writing guidance.

#### Previous area for improvement 2

To ensure people get the most out of life, the provider should ensure that there are opportunities to participate in a range of activities that have a positive impact on people's sense of wellbeing and belonging.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

**This area for improvement was made on 29 May 2023.**

#### Action taken since then

This area for improvement was made as a result of an upheld complaint investigation. It was made because we found opportunities to be involved in meaningful activities and connect with the wider community had been limited.

During this inspection we saw that although some people were being offered activities, there were not enough resources for everyone to have opportunities to partake in activities meaningful to them. The service had recognised this and were actively recruiting for another activities coordinator.

**This area for improvement has not been met and remains in place.**

The wording in the reference has been amended from the original area for improvement in accordance with current report writing guidance.

#### Previous area for improvement 3

The service should further develop robust systems to improve the sharing of information so that people are kept informed.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12)

**This area for improvement was made on 30 May 2023.**

#### Action taken since then

This area for improvement was made as a result of an upheld complaint investigation. It was made because we were not confident that there were effective communication processes to support a culture of continuous improvement.

During this inspection we saw action had been taken by the new manager to improve communication. Daily staff meetings were taking place and staff told us they were kept up-to-date with service delivery. Residents' meetings had taken place and relatives' meetings were being organised. Newsletters had been started to keep friends and families up-to-date with what is happening in the home. Relatives we spoke with told us they were kept informed about any changes in their loved ones health and wellbeing.

**This area for improvement has been met.**

#### Previous area for improvement 4

The provider should ensure that accurate records of complaints made by people are maintained. These should include details of the date received, issues raised, action taken, outcome of the investigation and details of how the service informed the complainant about the outcome.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

**This area for improvement was made on 30 May 2023.**

## Action taken since then

This area for improvement was made as a result of an upheld complaint investigation. It was made because we could not be confident that all complaints had been handled in accordance with the organisation's complaints policy.

During this inspection we found that although there was evidence of action having been taken on a recent complaint, the records were poor and not in accordance with the service's complaint policy. Further improvement is required to address this.

## This area for improvement has not been met and remains in place.

The wording in the reference has been amended from the original area for improvement in accordance with current report writing guidance.

## Previous area for improvement 5

The provider should ensure people have continence needs assessed as required, and their current care needs updated in the support plan.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

**This area for improvement was made on 30 May 2023.**

## Action taken since then

This area for improvement was made as a result of an upheld complaint investigation. It was made because we were not satisfied that a service user had a timeous assessment for continence aids.

During this inspection we found people were having appropriate assessments, and action taken, relating to their continence needs and management.

**This area for improvement has been met.**

## Previous area for improvement 6

The provider should ensure that people have access to nurse call equipment, and there is sufficient oversight and monitoring of staff to have confidence in their practice.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

**This area for improvement was made on 30 May 2023.**

## Action taken since then

This area for improvement was made as a result of an upheld complaint investigation. It was made because we were not satisfied that a service user had appropriate placement and management of her nurse call equipment, and there was insufficient oversight of this.

During this inspection we saw people had access to their nurse call equipment, were using them, and staff were responding to them.

**This area for improvement has been met.**



## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

|  |              |
|--|--------------|
| How well do we support people's wellbeing?   | 3 - Adequate |
| 1.1 People experience compassion, dignity and respect  | 4 - Good     |
| 1.2 People get the most out of life  | 3 - Adequate |
| 1.3 People's health and wellbeing benefits from their care and support                                       | 3 - Adequate |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 4 - Good     |

|   |              |
|---|--------------|
| How good is our leadership?                       | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |

|   |              |
|---|--------------|
| How good is our staff team?   | 3 - Adequate |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 3 - Adequate |

|   |          |
|---|----------|
| How good is our setting?                      | 4 - Good |
| 4.1 People experience high quality facilities | 4 - Good |

|  |              |
|--|--------------|
| How well is our care and support planned?                                  | 3 - Adequate |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 3 - Adequate |

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.